



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF TAX AND REVENUE**

Recorder of Deeds 515 D Street NW Washington, DC 20001 Phone (202) 727-5374

RELEASE OF LIEN – HOSPITAL

On this _____ day of _____, 2_____,
Notice is given that _____ (Name of Hospital)
Located at _____ (Address of Hospital) under a certain
Notice of Hospital Lien recorded in the Recorder of Deeds Division on the _____ day of _____,
2_____ as Instrument Number _____ against _____
(Name of Injured Party)
in the amount of \$ _____, dies hereby grant and release _____
(Name of Injured Party)
from said lien.

I hereby certify that on the _____ day of _____, 2_____
a copy of this Release was sent by return receipt requested to the person(s), firm(s) or corporation(s)
alleged to be liable to the injured party stating the date of filing and also to the insurance company which
has insured such person, firm, or corporation against such liability, where the name of the insurance carrier
has been ascertained. I further certify that I am authorized to sign on behalf of

(Name of Hospital)

I hereby affirm under penalty of law that the above statements and representations are correct and
true to the best of my information, knowledge and belief.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary Public)

(Notary Seal)